

REGISTRATION DEADLINE: SEPTEMBER 16

RECEIPT # _____

**TROY RECREATION DEPARTMENT'S
2006 HOCKEY CAMP
SEPTEMBER 28-30
7:15-10:00 PM. – THURSDAY AND FRIDAY
2:00-4:45 P.M. – SATURDAY**

(Specific times each division will participate will be determined upon number of registrations)

Player's Name _____

Address _____
(street) (city) (zip)

Birthdate _____ (Age 7-18) Age _____

Name of School _____ Grade next Fall _____

Name of parent/guardian _____ Phone _____

Hockey experience _____

EMERGENCY CALL _____ Phone _____

Are you allergic to any medication? _____

Doctor's Name _____

Parent's Name _____

E-Mail Address _____

MANDATORY EQUIPMENT to participate: Hockey helmet with face mask, hockey skates, gloves, mouth guard, stick, hockey pants, shin guards, elbow pads, shoulder pads, and jersey.

WAIVER AND RELEASE

We, the undersigned, being the parents/guardians of _____, being fully aware of the dangers inherent to the sport of hockey, in consideration of the City of Troy, Hobart Arena, Troy Recreation Department, and its agents and servants, do give permission for our child to participate in the Hockey Camp. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Hobart Arena, Troy Recreation Department, Recreation Director, the supervisory staff and instructors of the Hockey Camp, or their agents or servants, as a result of injuries incurred by our child while participating in the Hockey Camp.

Date _____

Signature _____

REGISTRATION FEE:

TROY MAILING ADDRESS

_____ \$33.00 First Child in Family
_____ \$25.00 Each Additional Child
_____ \$10.00 Late fee assessed after
registration deadline

REGISTRATION FEE:

OUTSIDE TROY MAILING ADDRESS

_____ \$45.00 Each Child
_____ \$10.00 Late fee assessed after
registration deadline

Refund Policy: The Department will make program refunds only for the Following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program begins.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement indicating such.

NOTE: Players may be placed in the time slot and level that will be of greatest benefit to their skill development.